

E472 8252 0000 0922 E002

RECEIVED
3/30/04

MEDICAL CLAIM

SF 95 (Face)

CLAIM FOR DAMAGE,
INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO.
1105-0008

1. Submit To Appropriate Federal Agency:
**REGIONAL COUNSEL, NORTHEAST REGIONAL
OFFICE U.S. CUSTOMS HOUSE-7TH FLOOR
2ND & CHESTNUT STREETS
PHILADELPHIA, P.A. 19106**

2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.)
 (Number, street, city, State and ZIP Code)
**DARRYL ORRIN BAKER NO. #19613-039
P.O. BOX 8000 BRADFORD, P.A. 16701
FEDERAL CORRECTIONAL INSTITUTION**

3. TYPE OF EMPLOYMENT

 MILITARY CIVILIAN

4. DATE OF BIRTH

6-30-62

5. MARITAL STATUS

DIVORCED

6. DATE AND DAY OF ACCIDENT

FEBRUARY 27, 2004

7. TIME (A.M. OR P.M.)

8:10 p.m.

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

(SEE ATTACHMENT) MEDICAL CLAIM

9.

PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and ZIP Code)

N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on the reverse side.)

N/A

10.

PERSONAL INJURY/WRONFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEASED.

(SEE ATTACHMENT) MEDICAL CLAIM

11.

WITNESSES

NAME

ADDRESS (Number, street, city, State, and ZIP Code)

(SEE ATTACHMENT)

(SEE ATTACHMENT)

12. (See instructions on reverse)

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

N/A

12b. PERSONAL INJURY

\$15 MILLION

12c. WRONGFUL DEATH

N/A

12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

\$15 MILLION

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)

Darryl Baker

13b. Phone Number of signatory

14. DATE OF CLAIM
6-13-04CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIMCRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS

The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

95-109

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

Previous editions not usable.

(This form may be replicated via WP)

RECEIVED
3/30/04

SF_95 (Face)

CLAIM FOR DAMAGE, INJURY, OR DEATH	INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.			FORM APPROVED OMB NO. 1105-0008
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1. Submit To Appropriate Federal Agency: REGIONAL COUNSEL, NORTHEAST REGIONAL OFFICE U.S. CUSTOMS HOUSE-7TH FLOOR 2ND & CHESTNUT STREETS PHILADELPHIA, P.A. 19106	2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and ZIP Code) DARRYL ORRIN BAKER NO. #19613-039 P.O. BOX 8000 BRADFORD, P.A. 16701 FEDERAL CORRECTION INSTITUTION
---	---

3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 06-30-62	5. MARITAL STATUS DIVORCED	6. DATE AND DAY OF ACCIDENT FEBRUARY 27, 2004	7. TIME (A.M. OR P.M.) 8:10 p.m.
--	-------------------------------------	--------------------------------------	---	--

8. Basis of Claim (State in detail the known the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

(SEE ATTACHMENT)

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and ZIP Code)

N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on the reverse side.)

N/A

10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

(SEE ATTACHMENT)

11. WITNESSES

NAME	ADDRESS (Number, street, city, State, and ZIP Code)		
(SEE ATTACHMENT)	(SEE ATTACHMENT)		

12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE N/A	12b. PERSONAL INJURY \$20 MILLION	12c. WRONGFUL DEATH N/A	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$20 MILLION
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I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <i>Darryl Baker</i>	13b. Phone Number of signatory	14. DATE OF CLAIM 6-13-04
---	--------------------------------	-------------------------------------

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)
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(EXHIBIT 2)

AFFIDAVIT

SWORN UNDER THE PENALTIES OF PERJURY:

- (1) I inmate Thurman Johnson, was assigned to the ten (10) man cell on February 27, 2004.
- (2) That inmate Baker, was assaulted by to inmates in the ten man cell on February 27, 2004.
- (3) That Officer Weseman, was not patrolling the Unit when this assault took place on inmate Baker.
- (4) That Officer Weseman, was not in the Unit when the assault took place.
- (5) That Officer Weseman, was unaware what took place on February 27, 2004.
- (6) That inmate Baker, was bleeding profusely and suffered a injury to his left eye.

Respectfully submitted

/s/ *Thurman Johnson*
INMATE THURMAN JOHNSON
REG. NO. # 11013-055
P.O. BOX 8000
F.C.I. MCKEAN
BRADFORD, P.A. 16701

DATED APRIL 15, 2004.

THAT THESE STATEMENTS FROM 1 THRU 6 ARE TRUE UNDER THE PENALTIES OF PERJURY:

AFFIDAVIT

SWORN AFFIDAVIT UNDER THE PENALTIES OF PERJURY:

- (1) I inmate Tim, was assigned to the ten (10) man cell on February 27, 2004.
- (2) That on February 27, 2004, at approximately 8:05p.m. I was asleep in the ten (10) man cell.
- (3) That when I awoke, I saw inmate Baker, being assaulted by two (2) other inmates.
- (4) Inmate Baker, was bleeding profusely and he had a injury to his left eye.

Respectfully submitted

/s/

INMATE TIMOTHY BRADLEY
REG. NO. #03098-049
P.O. BOX 8000
F.C.I. MCKEAN
BRADFORD, P.A. 16701

DATED APRIL 10, 2004.

THAT THESE STATEMENTS FROM 1 THRU 4 ARE TRUE UNDER THE PENALTIES OF PERJURY:

(EXHIBIT 3)



Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

April 16, 2004

#19613-039

Dr. H. Beam
Health Center
FCI McKean
PO Box 5000
Bradford, PA 16701

Re: Darryl O. Baker
DOB: 6/30/1962
DX: Orbital Floor Fracture w/Entrapment
DATE OF EVAL: 4/15/04

Mr. Baker was seen April 15th. He had been struck in the left eye February 27th with a fist. He was complaining of blurred vision in both eyes. He does note that he gets double vision when he looks up. This is especially noticeable when he is weight lifting and doing, I believe, bent over rows and is looking straight ahead with his head tilted down.

His vision was 20/100 in the right eye and 20/200 on the left. This was easily correctable to 20/20 in either eye with an eyeglass prescription. The eyes were well aligned straight ahead. However, with up gaze the left eye did not elevate or look as far up as the right eye. I did not see any signs that the left eye was protruding further out or recessed into the eye more so than the right. The retina was normal.

The reports of the CT did suggest that there was some scarring of the floor of the orbit with possible adhesions to the inferior rectus muscle. Typically, in ophthalmology even with a fracture of the orbital floor, we like to wait at least two weeks to see that it heals on its own and the muscle entrapment is resolved. He is about six to eight weeks out and complaining of symptoms. Because he is well aligned at near, I think it would be better to take a conservative approach as the scarring is adherent to the muscle. However, it may be worthwhile to get a secondary opinion from an orbital plastic specialist who deals with these on a regular basis.

Thank you for allowing me to participate in Darryl's care. If you do not pursue an orbital evaluation, have him see me again in another three months.

Best regards,

Nicholas A. Stathopoulos, M.D.

NAS/js

Cc Darryl C. Baker

103 West St. Clair Street
Warren, PA 16365
(814)726-2020
1-877-MD4-EYES
Fax (814)726-1215

27 Porter Avenue
Jamestown, NY 14701
(716)483-2020
1-866-716-EYES
Fax (716)488-9295

2 Main Street
Bradford, PA 16701
(814)362-7477
1-866-814-EYES
Fax (814)362-4975

REVIEWED BY

DR. BEAM
4/21/04

H. BEAM, MD
FCI MCKEAN

(EXHIBIT 4)

1/29/05 mrd/j

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: BAKER DARRYL ORRIN LAST NAME, FIRST, MIDDLE INITIAL	19613-039 REG. NO.	G-A UNIT	FSL ELKTON INSTITUTION
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Part A- INMATE REQUEST

I HAVE RECEIVED RETALIATION, DELIBERATELY INDIFFERNECE, EIGHTH AMENDMENT VIOLATION FOR FILING GRIEVANCE BY MS. BARNES, DOCTOR QUINN, AND THE EYE DOCTOR.

RELIEF REQUESTED: I AM HAVING EXCRUCIATING PAIN IN MY LEFT EYE AND NEED MEDICAL TREATMENT FROM A ORBITAL SPECIALIST.

FEBRUARY 3, 2005.

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER:

CASE NUMBER:

Part C- RECEIPT

Return to:

LAST NAME FIRST MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

February 10, 2005.

RECEIVED

2005 FEB 14 P 12:20

WARDEN:

FCI ELKTON
WARDEN'S OFFICE

(1) I inmate Baker, has been to the FSL Medical Department on several occassion seeking treatment for a injury I sustain on February 27, 2004.

(2) I have been seeking treatment to a Orbital Fracture that occurred on February 27, 2004, and have been denied treatment by Ms. Barnes, Dr. Quinn, and the Eye Specialist, here at FSL Elkton Medical Department.

(3) I have been having excruciating pain in my left eye, and see double vision when I look up and to the left and right sides.

(4) As a result of the injury I sustained to my left eye on February 27, 2004, and I have been Retaliated against, received Deliberate Indifference, and denied my Eighth Amendment Rights.

 COPY

(5) Warden, would you please look into the matter because, I am still having excruciating pain in my left eye and I am still seeing double and having double vision.

Sincerely,

/s/ Darryl Baker
INMATE BAKER
REG. NO. # 19613-039

**REQUEST FOR ADMINISTRATIVE REMEDY
PART B - RESPONSE**

BAKER, Darryl Orrin

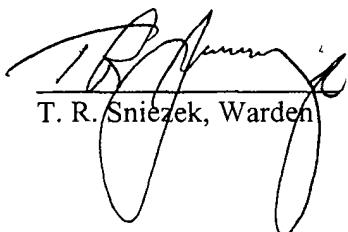
Reg. No.: 19613-039
Remedy I.D.: 366343-F7
Qtr: Unit G/A

This is in response to your Request for Administrative Remedy received March 3, 2005, in which you request to be seen by an orbital specialist. In addition, you allege "retaliation, deliberate indifference, and violation of your Fifth Amendment right."

Investigation into this matter reveals you suffered an orbital floor fracture when you were assaulted on February 27, 2004, at FCI McKean but you did not seek treatment until February 29, 2004. On August 12, 2004, you were transferred to FCI Elkton. Since that time, you have been evaluated on numerous occasions by the physician assistant, the staff physician, and the Clinical Director for eye pain. You were scheduled to undergo a CT Scan of your head; however, due to technical difficulties the test was unable to be performed. The medical staff is in the process of rescheduling your test and you are tentatively scheduled March 28, 2005. A medical determination will be made pending the results of this test, and if it is clinically indicated you will be scheduled to see an orbital specialist. In addition, your medical record reveals you have received well-documented care and appropriate medical treatment. As a result, you have provided no viable evidence that staff have retaliated, shown deliberate indifference, or violated your Fifth Amendment Rights.

Based on these findings, your Request for Administrative Remedy is neither granted nor denied, but for informational purposes only.

If you are dissatisfied with this response, you may appeal to the Regional Director, Bureau of Prisons, Northeast Region, U.S. Customs House, 7th Floor, 2nd and Chestnut Streets, Philadelphia, Pennsylvania, 19106, within 20 calendar days of the date of this response.



T. R. Sniezek, Warden



Date

UNITED STATES GOVERNMENT

memorandum

FCI Elkton, Ohio

Date: 6/8/05Reply to: Jane Barnes, PA-C
Attn of: Acting Assistant Health Services AdministratorMichele, Keller, D.O.
Clinical Director/URC Chairman

Subject: Community Referral Approval/Denial

To: Baker, DarylReg. No: 19613-039Unit: GA

This is to advise you that on 6/8/05, your medical case/condition was presented to the *Utilization Review Committee* to determine the clinical indication and/or benefit, as well as the urgency and non-urgency of referring you to the community to undergo additional diagnostic testing, and/or an evaluation by a specialist. It was the decision of the *Utilization Review Committee* that your case has been:

approved disapproved tabled at this time. (See below).

If your case has been approved, you will be scheduled in the near future to have the diagnostic testing/surgical evaluation/specialists' evaluation, etc., performed in the community. Due to security concerns, you will not be advised of the date of the referral or be provided additional information on the Escorted Medical Trip until the date of the trip. If you have any change in your condition or symptoms, report them to the Clinical Director and/or your Primary Care Provider. ***If you decide that you do not agree with the referral and or testing, you MUST report to the Clinical Director (in writing) that you are not agreeing to proceed with the referral.

If your case has been disapproved at this time, it has been determined by the committee that the benefit of the referral may not be achieved, and/or, your condition can be maintained in-house. This does not mean that you do not have a legitimate medical condition; however, it indicates that the condition may not be improved by a community referral or it is currently being managed and routinely evaluated in the Chronic Care Clinic. This does not mean that your condition may not warrant future referral to the community; however, this is based on results on continued in-house monitoring, diagnostic results and/or a change in your condition. If you have any questions, you must discuss this with the Clinical Director and/or your Primary Care Provider.

If the decision to table your case was made, this indicates that you will be scheduled for an additional testing and/or evaluation and/or repeat evaluation in-house. Your case then will be presented to the Utilization Review Committee at a later date.

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSAS - Phone (913) 682-8700 ext. 465

CHJM624
1/10/06

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>BAKER DARRYL ORRIN</u>	# <u>19613-039</u>	G-A	FSL ELKTON
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I HAVE BEEN RETALIATED FOR FILING GRIEVANCES AND RECEIVED DELIBERATIVELY INDIFFERENCE UNDER THE EIGHTH AMENDMENT FOR BEING DENIED MEDICAL TREATMENT BY STAFF HERE AT FSL ELKTON. STAFF HERE AT FSL THAT ARE RESPONSIBLE FOR RETALIATION ARE: MR. HOWARD COUNSELOR, BRAIN DICKINSON OFFICER, WARDEN SENIZEK, SIS LIEUTENANT MCKENNY, THIS INCIDENT OCCURRED ON AUGUST 11, 2005. ALSO, I WAS RETALIATED AGAINST BY MS. SHASTEEN ACCOUNT MANAGER

AUGUST 24, 2005

DATE

Darryl Baker

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

7-21-95
MENAL
JELK 1330.13
April 08, 1997
Attachment AREQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM
FCI, ELKTON, OHIO

Bureau of Prisons Program Statement 1330.13 "Administrative Remedy Procedures for Inmates", states that "before an inmate seeks formal review of a complaint he must try to resolve the complaint informally by presenting it to a staff member." The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

INFORMAL RESOLUTION NUMBER: C 11424

SUBMITTED AUGUST 10, 2005

INMATE'S NAME: DARRYL ORRIN BAKER NO. #19613-039 UNIT G-A

1. Specific Complaint: RETALIATION, DELIBERATELY INDIFFERENCE, EIGHTH AMENDMENT VIOLATION FOR FILING GRIEVANCE BY MS. BARNES, DOCTOR QUINN, DOCTOR MOHIB SIDHOM, DOCTOR KELLER, MS. NESSUER, CASE MANAGER, MR. HOWARD, MR. MARILIK,
2. Relief Requested: I AM HAVING EXCRUCIATING PAIN IN MY LEFT EYE AND NEED MEDICAL TREATMENT FORM A ORBITAL SPECIALIST.

Date/Time Complaint received from inmate: _____

4. Date/Time Informally discussed with inmate: _____

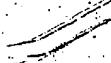
5. Staff Response: _____

6. Date Administrative Remedy provided: _____

7. Informal Resolution was / was not accomplished. _____

Inmate's Signature/Register No.

Date



STAFF MEMBER'S NAME & TITLE

DATE

UNIT MANAGER'S SIGNATURE

DATE

STRICTION: If complaint is informally resolved before being received, Correctional Counselors shall maintain informal resolution form for future reference. If complaint is not informally resolved, forward original resolution form, attached to administrative remedy, to the Administrative Remedy Clerk.

7/21/05
Due Dates of CM
J

ELK 1330.13
April 08, 1997
Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM
FCI, ELKTON, OHIO

Bureau of Prisons Program Statement 1330.13 "Administrative Remedy Procedures for Inmates", states that "before an inmate seeks formal review of a complaint he must try to resolve the complaint informally by presenting it to a staff member." The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

INFORMAL RESOLUTION NUMBER: 111025

SUBMITTED AUGUST 10, 2005

INMATE'S NAME DARRYL ORRIN BAKER

NO. # 19613-039

$G \vdash A$

1. Specific Complaint RETALIATION, DELIBERATELY INDIFFERENCE, EIGHTH AMENDMENT
VIOLATION FOR FILING GRIEVANCE, MR. HOWARD, COUNSELOR, MS. SHASTEEN RECORDS
2. Relief Requested: NOT TO BE HARASSED BY F.S.L. STAFF.

Date/Time Complaint received from inmate: _____

4. Date/Time Informally discussed with inmate:

5. Staff Response:

6. Date Administrative Remedy provided:

7. Informal Resolution was / was not accomplished

Inmate's Signature/Register No.

Date _____

STAFF MEMBER'S NAME & TITLE

DATE

UNIT MANAGER'S SIGNATURE

DATE

DISTRIBUTION: If complaint is informally resolved before being received, Correctional Counselors shall maintain informal resolution form for future reference. If complaint is not informally resolved, forward original resolution form, attached to administrative remedy, to the Administrative Remedy Clerk.

UNICOR FEDERAL PRISON INDUSTRIES INC.
LEAVENWORTH, KANSAS

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

8/24/05 f Amos
Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>BAKER DARRYL ORRIN</u>	# <u>19613-039</u>	G-A	FSL ELKTON
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I INMATE BAKER HAS BEEN REQUESTING MEDICAL TREATMENT FROM FSL ELKTON STAFF FOR OVER A YEAR CONCERNING MY LEFT EYE WHICH I SUSTAINED A INJURY. STAFF HERE HAS BEEN DELIBERATIVELY INDIFFERENCE TOWARD MY MEDICAL NEED, AND RETALIATED AGAINST FOR FILING GRIEVANCES. I AM STILL HAVING EXCRUCIATING PAIN AND NEED MEDICAL TREATMENT. THE FOLLOWING STAFF MEMBERS HAVE BEEN RESPONSIBLE FOR DENYING ME MEDICAL TREATMENT AND PAIN AND RETALIATION ARE: MS. BARNES, DOCTOR QUINN, DOCTOR AZIB MUHAMMID, DOCTOR KELLER, MR. HOWARD COUNSELOR, WARDEN SENIZEK.

AUGUST 24, 2005

DATE

Darryl Baker

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____

1/12/05
Merric CSDWELK 1330.13
April 08, 1997
Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM
FCI, ELKTON, OHIO

Bureau of Prisons Program Statement 1330.13 "Administrative Remedy Procedures for Inmates", states that "before an inmate seeks formal review of a complaint he must try to resolve the complaint informally by presenting it to a staff member." The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

INFORMAL RESOLUTION NUMBER: ADM 009

INMATE'S NAME: D. Bikel NO. # 19613-039 UNIT 6-A

1. Specific Complaint RETALIATION, DELIBERATELY INDIFFERENCE, EIGHTH AMENDMENT VIOLATION FOR FILING GRIEVANCE BY MS. BARNES, DOCTOR QUINN, AND THE EYE DOCTOR.

2. Relief Requested: I AM HAVING EXCRUCIATING PAIN IN MY LEFTY EYE AND NEED MEDICAL TREATMENT FROM A ORBITAL SPECIALIST.

Date/Time Complaint received from inmate: 1/17/05 640pm

4. Date/Time Informally discussed with inmate:

5. Staff Response: You are scheduled for CT Scan of face prior to seeing the specialist.

6. Date Administrative Remedy provided: 1/29/05

7. Informal Resolution was / was not accomplished.

Darryl Bikel 19613-039
Inmate's Signature/Register No.

1/29/05

Date

Mohamed Azam
Health Services Administrator

STAFF MEMBER'S NAME & TITLE

1/27/05

DATE

John J. Mow, Acting UM

UNIT MANAGER'S SIGNATURE

2-10-05

DATE

DISTRIBUTION: If complaint is informally resolved before being receipted, Correctional Counselors shall maintain informal resolution form for future reference. If complaint is not informally resolved, forward original resolution form, attached to administrative remedy, to the Administrative Remedy Clerk.

COPY

1/18/05
MerrifieldELK 1330.13
April 08, 1997
Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM
FCI, ELKTON, OHIO

Bureau of Prisons Program Statement 1330.13 "Administrative Remedy Procedures for Inmates", states that "before an inmate seeks formal review of a complaint he must try to resolve the complaint informally by presenting it to a staff member." The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

INFORMAL RESOLUTION NUMBER: ADM 009INMATE'S NAME: D. Bikel NO. # 19613-039 UNIT 5A1. Specific Complaint RETALIATION, DELIBERATELY INDIFFERENCE, EIGHTH AMENDMENT VIOLATION FOR FILING GRIEVANCE BY MS. BARNES, DOCTOR QUINN, AND THE EYE DOCTOR.2. Relief Requested: I AM HAVING EXCRUCIATING PAIN IN MY LEFTY EYE AND NEED MEDICAL TREATMENT FROM A ORBITAL SPECIALIST.Date/Time Complaint received from inmate: 1/17/05 64pm

4. Date/Time Informally discussed with inmate:

5. Staff Response: You are scheduled for CT Scan of face prior to seeing the specialist.6. Date Administrative Remedy provided: 1/29/057. Informal Resolution was / was not accomplished.Darryl Bikel 19613-039
Inmate's Signature/Register No.1/29/05
DateSTAFF MEMBER'S NAME & TITLE
Mohamed Azam
Health Services AdministratorDATE
1/27/05UNIT MANAGER'S SIGNATURE
D. Bikel Acting UMDATE
2-10-05

DISTRIBUTION: If complaint is informally resolved before being received, Correctional Counselors shall maintain informal resolution form for future reference. If complaint is not informally resolved, forward original resolution form, attached to administrative remedy, to the Administrative Remedy Clerk.

<COPY

7/1/05
Bickel/MS/OKW
J

ELK 1330-13
April 08, 1997
Attachment A

**REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM**

Bureau of Prisons Program Statement 1330.13 "Administrative Remedy Procedures for Inmates" states that "before an inmate seeks formal review of a complaint he must try to resolve the complaint informally by presenting it to a staff member." The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

INFORMAL RESOLUTION NUMBER: ELK 1330-13

SUBMITTED: AUGUST 10, 2005

INMATE'S NAME: DARRYL ORRIN BAKER **NO.** # 19613-039 **UNIT** **G-A**

1. Specific Complaint: RETALIATION, DELIBERATIVELY INDIFFERENCE, EIGHTH AMENDMENT VIOLATION FOR FILING GRIEVANCE, MR. HOWARD, COUNSELOR, MS. SHASTEEN RECORDS

2. Relief Requested: NOT TO BE HARASSED BY F.S.L. STAFF.

Date/Time Complaint received from inmate: 8/10/05 0730

4. Date/Time Informally discussed with inmate: 8/10/05 3pm

5. Staff Response: I HAVE NEVER HARASSED INMATE BAKER OR ANY OTHER INMATE. I HAVE NOT HARMED OR ABUSED ANY INMATE. MR. BAKER HAS BEEN OCCASIONALLY INDISCRETE, BUT NOT HARASSED OR ABUSED. OR CLEVER OR UNUSUAL PUNISHMENT.

6. Date Administrative Remedy provided: 8/15/05

7. Informal Resolution was / was not accomplished: WAS NOT ACCOMPLISHED

Darryl Baker 19613-039 8/18/05

Inmate's Signature/Register No.

1-21-05
Moral
ELK 1330.13
April 08, 1997
Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM
FCI, ELKTON, OHIO

INFORMAL R

INMATE'S NAME

Bureau of Prisons Program Statement 1330.13 "Administrative Remedy Procedures for Inmates" states that "before an inmate seeks formal review of a complaint he must try to resolve the complaint informally by presenting it to a staff member." The staff member must also try to resolve the complaint "informally" before the inmate will be given an Administrative Remedy Form.

1. Specific Complaint
VIOLATION

2. Relief Requested

INFORMAL RESOLUTION NUMBER 1405

SUBMITTED: AUGUST 10, 2005

Date/Time

INMATE'S NAME: DARRYL ORRIN BAKER

NO. #19613-039

UNIT G-A

4. Date/Time

1. Specific Complaint RETALIATION, DELIBERATELY INDIFFERENCE, EIGHTH AMENDMENT VIOLATION FOR FILING GRIEVANCE BY MS. BARNES, DOCTOR QUINN, DOCTOR MOHIB SIDHOM, DOCTOR KELLER, MS. NESSUER, CASE MANAGER MR. HOWARD, MR. MARILIK, DARRYL ORRIN BAKER AT CASE

5. Staff Response

2. Relief Requested: I AM HAVING EXCRUCIATING PAIN IN MY LEFT EYE AND NEED MEDICAL TREATMENT FORM A ORBITAL SPECIALIST.

Date/Time Complaint received from inmate:

8/10/05 0730

6. Date Admin

4. Date/Time Informally discussed with inmate: 8/13/05 3345

7. Inform

5. Staff Response: This issue has already been

addressed by Admin. Remedy 366 343-C7 in

Inmate's

STAFF

6. Date Administrative Remedy provided: 8/14/05

7. Informal Resolution was / was not accomplished: Not

UNIT

Darryl Baker

Inmate's Signature/Register No.

EXTENSION OF TIME FOR RESPONSE - ADMINISTRATIVE REMEDY

DATE: MARCH 25, 2005

FROM: ADMINISTRATIVE REMEDY COORDINATOR
ELKTON FCI

TO : DARRYL ORRIN BAKER, 19613-039
ELKTON FCI UNT: UNIT G-A QTR: G01-011U

ADDITIONAL TIME IS NEEDED TO RESPOND TO THE ADMINISTRATIVE REMEDY REQUEST IDENTIFIED BELOW. WE ARE EXTENDING THE TIME FOR RESPONSE AS PROVIDED FOR IN THE ADMINISTRATIVE REMEDY PROGRAM STATEMENT.

REMEDY ID : 366343-F7
DATE RECEIVED : MARCH 3, 2005
RESPONSE DUE : APRIL 12, 2005
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO
SUBJECT 2 : OTHER COMPLAINT AGAINST STAFF
INCIDENT RPT NO:

RECEIPT - ADMINISTRATIVE REMEDY

DATE: MARCH 3, 2005

FROM: ADMINISTRATIVE REMEDY COORDINATOR
ELKTON FCI

TO : DARRYL ORRIN BAKER, 19613-039
ELKTON FCI UNT: UNIT G-A QTR: G01-011U

THIS ACKNOWLEDGES THE RECEIPT OF THE ADMINISTRATIVE REMEDY REQUEST
IDENTIFIED BELOW:

REMEDY ID : 366343-F7
DATE RECEIVED : MARCH 3, 2005
RESPONSE DUE : MARCH 23, 2005
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO
SUBJECT 2 : OTHER COMPLAINT AGAINST STAFF
INCIDENT RPT NO:

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: FEBRUARY 22, 2005

BB
D. Fries
FROM: ADMINISTRATIVE REMEDY COORDINATOR
ELKTON FCI

TO : DARRYL ORRIN BAKER, 19613-039
ELKTON FCI UNT: UNIT G-A QTR: G01-011U
P.O. BOX 89
ELKTON, OH 44415

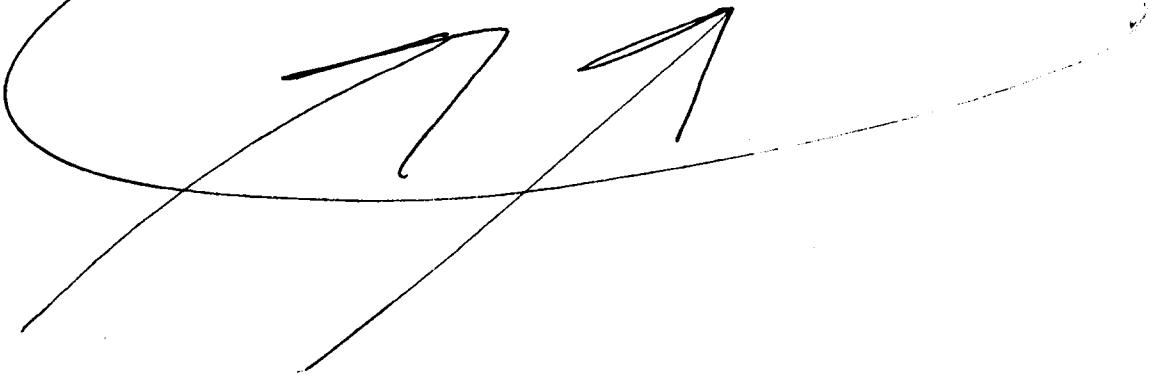
FOR THE REASONS LISTED BELOW, THIS ADMINISTRATIVE REMEDY REQUEST
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 366343-F4 ADMINISTRATIVE REMEDY REQUEST
DATE RECEIVED : FEBRUARY 22, 2005
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO
SUBJECT 2 : OTHER COMPLAINT AGAINST STAFF
INCIDENT RPT NO:

REJECT REASON 1: YOU DID NOT PROVIDE A COPY OF THE ATTACHMENTS TO YOUR
INSTITUTION ADMINISTRATIVE REMEDY REQUEST (BP-9).

REJECT REASON 2: ~~YOU MAY RESUBMIT YOUR REQUEST IN PROPER FORM WITHIN
5 DAYS OF THE DATE OF THIS REJECTION NOTICE.~~

REMARKS : DID NOT INCLUDE COPIES OF ATTACHMENTS.
THIS IS BEING RETURNED AGAIN - THIRD TIME.



(EXHIBIT 5)

13-110

NSN 7540-00-634-4127

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
OPTOMETRIST	Dennis Olson, MD, CD	

REASON FOR REQUEST (Complaints and findings)

EYE EXAM:

blurred vision and pain
associated
age 41
Feb 27th

SUBJECTIVE:

PROVISIONAL DIAGNOSIS

Intra-left eye socket

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> TODAY
D. OLSON, M.D.		<input type="checkbox"/> BEDSIDE	<input type="checkbox"/> ON CALL	<input type="checkbox"/> 72 HOURS
			<input type="checkbox"/> 72 HOURS	<input type="checkbox"/> EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NOPATIENT EXAMINED YES NO

Visual Acuity Distance OD 20/200 OS 20/200
Tonometry: OD 17 OS 18
Near OD 37m OS 37m Uncorrected 0/50

External visual 72/64 open angles relate to
Internal examine retinas

Refraction OD -1.00 -1.25 X 180
OS -1.00 -1.25 X 10 20/20 20/20 50/24 X 6 1/2
Soreness

Diagnosis CMA

○ 9 ○

Analysis requires eyeglasses

on upward gaze

left eye sting
trauma to eye socket
possible left superioroblique
entropionDATE
3/3/04

SIGNATURE AND TITLE

Christian J. Horvath

(Continue on reverse side)

IDENTIFICATION NO.

ORGANIZATION

FCI McKean

REGISTER NO.

19613-039

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade/rank; rate; hospital or medical facility)

Baker, David

REVIEWED BY

Bobby
3/31
or dr. allH. BEAMER
FCI MCKEANSTANDARD FORM 513 (REV. 8-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

CONSULTATION SHEET

Medical Record

Refer to optometry

513-110

NSN 7540-00-634-4127

MEDICAL RECORD		CONSULTATION SHEET	
REQUEST			
TO: OPTOMETRIST	FROM: (Requesting physician or activity) Dennis Olson, MD, CD	DATE OF REQUEST	

REASON FOR REQUEST (Complaints and findings)

EYE EXAM :

SUBJECTIVE :

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE D. OLSON, M.D.	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY
			<input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NOPATIENT EXAMINED YES NOVisual Acuity Distance OD
Near OD

OS

OD

TONOMETRY:

OS

External
Internal
RefractionCompared prescription ordered on 3/3/06
to Dr Stathopoulos - Vision is 20/20
with each correction. - essentially
equal

Diagnosis

Analysis

No change required

Plan

(Continue on reverse side)

SIGNATURE AND TITLE 			DATE 4/28/06
IDENTIFICATION NO. 411811	ORGANIZATION FCI McKean	REGISTER NO. 19613 - 039	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; hospital or medical facility)

Dennis Olson, MD
Physician

Baker, Darrel

CONSULTATION SHEET

Medical Record

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
OPTOMETRIST	Dennis Olson, MD, CD	

REASON FOR REQUEST (Complaints and findings)

EYE EXAM:

Did not appear for scheduled appointment

SUBJECTIVE:

Went to Dr on outside trip to Log

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> TODAY
D. OLSON, M.D.		<input type="checkbox"/> BEDSIDE	<input type="checkbox"/> ON CALL	<input type="checkbox"/> 72 HOURS
				<input type="checkbox"/> EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NOPATIENT EXAMINED YES NO

Visual Acuity Distance OD

OS

OD

Near OD

OS

OS

TONOMETRY:

External

Internal

Refraction

On way to see ophthalmologist
today

4/9/04

D. Olson, MD
Clinical Director

Plan

(Continue on reverse side)

SIGNATURE AND TITLE

Christian J. Herantos

DATE

6/9/04

IDENTIFICATION NO.

ORGANIZATION

FCI McKean

REGISTER NO.

14613

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Baker

CONSULTATION SHEET

Medical Record

SENECA **EYE** SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

May 3, 2004

Dr. Nicholas Stathopoulos
Seneca Eye Surgeons, Inc.
2 Main Street
Bradford, PA 16701

RE: BAKER, DARRYL O. *#* 19613-039

Dear Dr. Stathopoulos:

I saw Mr. Baker, your 41 year old who was struck in his left eye approximately two months ago. He is complaining at this point in time that his acuity although it has returned to normal he does get a feeling of double when he looks to the right. He also has a sensation of a foreign body in it.

On examination at this time, his acuity is 20/20 OU. There is definitely no proptosis and there is no enophthalmos. He does get diplopia. It is worse especially when he looks to the right and upwards. He does not get this looking straight ahead or down. So, he is really quite functional. I watched him walk around and he does not have to close the eye to walk.

He had a small calcium deposit in his meibomian gland in his lower lid. I removed it with tweezers. On examination of the retina he has no evidence of papilledema or compromise of any of the other structures.

I went over the CT scan. That is a very pretty picture of a floor fracture. At this point in time in the absence of diplopia in a straight ahead gaze, I still think that six more weeks of time is the answer. If at three months he definitely still has diplopia and it is causing him some serious problems it should be repaired. He still may completely clear. Fortunately despite the nastiness of this injury he sustained no obvious damage to his human lens, the anterior chamber angle or the retina.

Yours truly,

Robert J. Weiss, M.D.

Cc: Dr. Beam

RJW/lab
103 West St. Clair Street
Warren, PA 16365
(814)726-2020
1-877-MD4-EYES
Fax (814)726-1215

27 Porter Avenue
Jamestown, NY 14701
(716)483-2020
1-866-716-EYES
Fax (716)488-9295

COPY

Reviewed by D. Olson, MD
Date 5/5/04

2 Main Street
Bradford, PA 16701
(814)362-7477
1-866-814-EYES
Fax (814)362-4975



Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

June 11, 2004

19613-039

Dennis Olson, M.D.
 FCI McKean
 P.O. Box 5000
 Bradford, PA 16701

RE: BAKER, DARRYL

Dear Dr. Olson:

As you know we have been following Mr. Baker's clinical diplopia related to a punch that gave him a blow out fracture. He also has a little bit of anesthesia involving the infraorbital nerve branches. We have given it plenty of time now, almost five months. He still has entrapment; he can not look up with his left eye without experiencing a form of diplopia that gives him extreme imbalance. He does not think that he can function this way.

His acuity is 20/20 in both eyes when he wears his glasses. My advice at this point is to do a repair of blowout fracture, release the entrapment under general anesthesia. I will leave the final decision up to you.

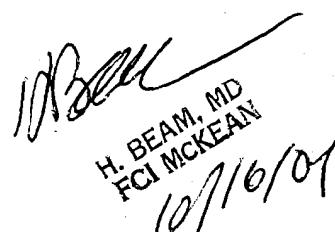
Yours truly,



Robert J. Weiss, M.D.

p.s. The patient understand that one of the side effects of doing the operation when he does not have diplopia in down gaze, only up gaze would be that he might develop diplopia in down gaze. There is no way that I can promise him that that couldn't happen.

RJW/lab



H. BEAM, MD
 FCI MCKEAN
 6/16/01

103 West St. Clair Street
 Warren, PA 16365
 (814)726-2020
 1-877-MD4-EYES
 Fax (814)726-1215

27 Porter Avenue
 Jamestown, NY 14701
 (716)483-2020
 1-866-716-EYES
 Fax (716)488-9295

2 Main Street
 Bradford, PA 16701
 (814)362-7477
 1-866-814-EYES
 Fax (814)362-4975



Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

April 16, 2004

#19613-039

Dr. H. Beam
 Health Center
 FCI McKean
 PO Box 5000
 Bradford, PA 16701

Re: Darryl O. Baker
 DOB: 6/30/1962
 DX: Orbital Floor Fracture w/Entrapment
 DATE OF EVAL: 4/15/04

Mr. Baker was seen April 15th. He had been struck in the left eye February 27th with a fist. He was complaining of blurred vision in both eyes. He does note that he gets double vision when he looks up. This is especially noticeable when he is weight lifting and doing, I believe, bent over rows and is looking straight ahead with his head tilted down.

His vision was 20/100 in the right eye and 20/200 on the left. This was easily correctable to 20/20 in either eye with an eyeglass prescription. The eyes were well aligned straight ahead. However, with up gaze the left eye did not elevate or look as far up as the right eye. I did not see any signs that the left eye was protruding further out or recessed into the eye more so than the right. The retina was normal.

The reports of the CT did suggest that there was some scarring of the floor of the orbit with possible adhesions to the inferior rectus muscle. Typically, in ophthalmology even with a fracture of the orbital floor, we like to wait at least two weeks to see that it heals on its own and the muscle entrapment is resolved. He is about six to eight weeks out and complaining of symptoms. Because he is well aligned at near, I think it would be better to take a conservative approach as the scarring is adherent to the muscle. However, it may be worthwhile to get a secondary opinion from an orbital plastic specialist who deals with these on a regular basis.

Thank you for allowing me to participate in Darryl's care. If you do not pursue an orbital evaluation, have him see me again in another three months.

Best regards,



Nicholas A. Stathopoulos, M.D.

NAS/js

Cc Darryl C. Baker

103 West St. Clair Street
 Warren, PA 16365
 (814)726-2020
 1-877-MD4-EYES
 Fax (814)726-1215

27 Porter Avenue
 Jamestown, NY 14701
 (716)483-2020
 1-866-716-EYES
 Fax (716)488-9295

REVIEWED BY
 H. BEAM, MD
 FCI MCKEAN

D. Bell
 4/21/04

2 Main Street
 Bradford, PA 16701
 (814)362-7477
 1-866-814-EYES
 Fax (814)362-4975

BP-S148.055 INMATE REQUESTS TO STAFF CDFRM

SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) MEDICAL DEPARTMENT	DATE: APMAY 10, 2004.
FROM: INMATE DARRYL BAKER	REGISTER NO.: # 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: AA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

MAY I PLEASE HAVE A COPY OF THE LETTER AND REPORT FROM THE ORBITAL.

SPECIALIST THATS DATED MAY 3, 2004.

THANK YOU!

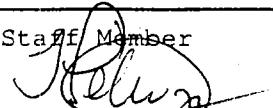
(Do not write below this line)

DISPOSITION:

See attached

FBI/DOJ/Clear

Signature Staff Member



Date

5/10/04

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



(EXHIBIT 6)



FEDERAL BUREAU OF PRISONS
m e m o r a n d u m

FCI McKean, Pennsylvania

DATE: March 23, 2004
REPLY TO: *SL Polson*
ATTN. TO: James F. Sherman, Warden

SUBJECT: INMATE REQUEST TO STAFF MEMBER

TO: BAKER, Darryl
Reg. No. 19613-03

This is in response to your letter received in my office on March 12, 2004, in which you state that you suffered an eye injury on February 29, 2004 and have not received medical treatment for it.

Records indicate you were medically assessed immediately following the injury. You were instructed to follow up with sick call as needed following that assessment. A sick call slip was never received by health services from you; however, on March 9, 2004, at the request of the Associate Warden, a PA stopped by to examine you. You became verbally abusive and belligerent with the PA. You were given an order to stop your abusive behavior which you refused to do. The PA was not able to conduct an exam at that time due to your behavior. You were instructed of the proper way to sign up for sick call at that time. A sick call request was received from you on March 9, 2004, and you were seen by a doctor on March 11, 2004. The exam revealed a left eyelid abrasion only. No other injuries were found concerning your left eye.

I trust your concerns have been addressed.

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER, DARRYL	REGISTER NO.: 19613-039
WHAT IS THE REQUEST: ORDERLY	UNIT: AA <i>SHR AA</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, THIS IS A SICK CALL REQUEST IN REFERENCE TO A INJURY FROM AN ASSULT I RECEIVED TO MY EYE ON FEBRUARY 27, 2004. DOCTOR BEAM, MY EYE HAS NOT FULLY RECOVERED AND I NEED MEDICAL ATTENTION. DOCTOR BEAM, WOULD YOU PLEASE SET AN APPOINTMENT WHERE I CAN COME IN AND HAVE MY EYE EXAMINE.

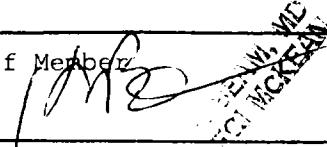
THANK YOU.

(Do not write below this line)

DISPOSITION:

You were seen by Dr Howard 3/3/04
I will have you called on 4/1/04
for discussion of what needs
to be done

Signature Staff Member



MCNEIL

Date

3/31/04

Record Copy - File; Copy - Inmate
This form may be replicated via WP

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER <i>DARREL</i>	REGISTER NO.: 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: <i>AA SITY AA</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I HAVE BEEN REQUESTING MEDICAL ATTENTION TO BLEEDING
AND PAIN TO THE SURFACE OF MY HEAD AND YOU GAVE ME MEDICATION THAT IS
INEFFECTIVE. DOCTOR BEAM, I NEED SOME MEDICATION TO ALLIVIATE THIS PAIN
I HAVE BEEN SUFFERING.

THANK YOU.

(Do not write below this line)

DISPOSITION:

I refilled the medication

Signature Staff Member

MC KEAN, MD

Date

3/31/04

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

TO: (Name and Title of Staff Member) DOCTOR BEAM., M.D.	DATE: APRIL 28, 2004
FROM: INMATE BAKER	REGISTER NO.: # 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: AA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I HAD A CALL-OUT ON APRIL 28, 2004, AND MEDICAL STAFF SAID YOU CALLED IN SICK. DOCTOR BEAM, I WAS THE RECIPIENT OF DOCTOR STATHOPOULOS, M.D. MEDICAL REPORT WHEN I SAW HIM ON APRIL 15, 2004, AND HE INDICATED THAT I HAD SOME SCARRING OF THE FLOOR OF THE ORBIT WITH POSSIBLE ADHESIONS TO THE INFERIOR RECTUS MUSCLE. HE STATED THAT OPHTHALMOLOGIST LIKED TO WAIT TWO (2) WEEKS TO SEE IF IT WOULD HEAL ON ITS OWN OR SEE IF THE MUSCLE ENTRAPMENT IS RESOLVED. HE ALSO STATED THAT I WAS SIX (6) TO EIGHT (8) WEEKS OUT AND THAT I SHOULD GET A SECOND OPINION FROM AN ORBITAL PLASTIC SPECIALIST. DOCTOR BEAM I AM STILL HAVING EXCRUCIATING PAIN IN MY UPPER LEFT EYE AND I STILL SEE DOUBLE WHEN I LOOK UP, AND MY LEFT EYE DOES ELEVATE OR LOOK AS FAR UP AS THE RIGHT EYE.

(Do not write below this line)

DISPOSITION:

The Apr 28 copy was to
keep you abreast of developments.
We're on top of things s! you will
get the care you need

Signature Staff Member

DR. BEAM, M.D.
FBI MCKEAN

Date

4/29/04

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM., M.D.	DATE: APRIL 22, 2004
FROM: DARRYL ORRIN BAKER INMATE:	REGISTER NO.: #19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: AA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I CONFABULATED WITH YOU ON SEVERAL OCCASIONS AND REQUESTED

A COPY OF MEDICAL REPORT FROM THE OUTSIDE SURGEON WHEN I WENT TO SEE HIM ON APRIL 15, 2004.

DOCTOR BEAM, MAY I HAVE A COPY OF THIS REPORT SO I CAN SEE HIS DIAGNOSIS THAT WHERE SUSTAINED TO MY LEFT EYE ON FEBRUARY 27, 2004.

THANK YOU VERY MUCH!

Dr. STATHAM to Dr. STATHAM to

(Do not write below this line)

DISPOSITION:

I'll see what I can do

Signature Staff Member

Date

1000201
H. BEAM, MC
FCI MCKEEAN

4/23/04

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM., M.D.	DATE: MAY 3, 2004
FROM: INMATE DARRYL BAKER	REGISTER NO.: # 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: AA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I WAS TAKEN TO SEE AN ORBITAL SPECIALIST ON APRIL 30, 2004.

**DOCTOR BEAM, I WOULD LIKE TO HAVE A COPY OF THE ORBITAL SPECIALIST LETTER
AND REPORT THAT EXPLAINS MY INJURY OR HIS ANALYSIS TO MY LEFT EYE.**

THANK YOU!

(Do not write below this line)

DISPOSITION:

*I will forward this request
to medical records*

Signature Staff Member


 J. BEAM, M.D.
FCI MCKEAN

Date


 5/5/04

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



MCKB1 PAGE 001		MCKEAN FCI				* 03-30-2004 14:38:33			
*****		*	*	*	*****	*	*	*****	*****
*	*	*	*	*	*	*	*	*	*
*	*	*	*	*	*	*	*	*	*****
*	*****	*	*	*	*	*	*	*	*
*****	*	*	*****	*****	*****	*****	*	*	*****

UNTG EQ ***									
REG NO CALLOUTS	NAME FOR	FROM 03-31-2004	TO	TIME	CATEGORY (2)		CATEGORY (3)		
					QTR	ASGN		WRK ASGN	
39971-054	ABOU-ARRAG		EDU AGRICO	0830	C01-124U		ORD C A		
			HOSP PPD	0830	C01-124U		ORD C A		
42080-054	ABREU		HOSP PPD	0830	B03-119U		RELIGION		
34329-079	AJAO		HOS LAB	0600	A01-109L		I LAYUP 1		
			MAIL ROOM	1130	A01-109L		I LAYUP 1		
42968-060	ALCALA		CHAPEL	1230	A02-209L		ORD A A		
17709-112	ALFARO-FRA		CHAPEL	0930	B02-215L		TRASH		
69042-053	ALJAHMI		CAMP TEAM	1400	E04-117U		CMP PP EVE		
06523-043	ALLEN		HOSP PPD	0930	D04-221L		DIN RM PM		
40428-053	ALLEN		HOS PE	0830	C01-104L		I LAYUP 2		
25094-077	AMOIA		HOSP PPD	0830	C02-219U		CMS ELEC1		
51080-066	ANDREWS		VISIT ROOM	1030	F03-106L		CMP ORD F		
15231-045	ARMANN		DR. BEAM	0930	C02-203L		EDUC		
06701-046	ASTORE		DR. BEAM	1230	B02-208L		I MILL 1		
			HOS EYE	0830	B02-208L		I MILL 1		
20926-424	BAILEY		VISIT ROOM	1030	E03-110U		CMP GM3		
							DAPAMEM		
19613-039	BAKER		HOS EYE	0830	A01-132U		ORD A A		
25589-053	BALLETTA		HOSP RN	1230	B02-222L		I QA IND		
05890-068	BARRON		BA TEAM	1250	B02-241L		A&O		
			CHAPEL	0930	B02-241L		A&O		
10306-067	BASYE		CHAPEL	0930	C04-227L		LAUNDRY		
37139-060	BATTLE		CHAPEL	0930	A01-104U		ORD A A		
10214-052	BEECHAM		CB TEAM	1230	C03-131L		A&O		
			HOS LAB	0730	C03-131L		A&O		
09866-040	BELCHER		HOSP PPD	0930	A01-110U		CMS ELEC1		
11483-040	BETTS		VISIT ROOM	1030	F03-113U		CMP FD SVC		
03198-087	BLACKBURN		VISIT ROOM	1030	E02-101U		CMP ADMIN		
							DAPAMEM		
10174-052	BLACKWOOD		BB TEAM	1230	B04-226U		ORD B B		
41715-060	BLALARK		CHAPEL	1230	A03-123L		I QA IND		
10417-055	BOOZE		CHAPEL	0930	D03-105L		CMS ELEC2		
10082-041	BORGES-CAN		HOS LAB	0600	B02-201U		CMS PAINT		
12629-007	BOWEN		CHAPEL	0930	D04-231U		CMSLANDIN2		
43113-060	BOYD		CHAPEL	1230	B04-236L		EDUC		
32583-007	BRAGG		HOS PE	0930	A04-238L		A&O		

G0002 MORE PAGES TO FOLLOW . . .

MCKB1 * MCKEAN FCI * 03-30-2004
PAGE 001 14:38:33

REG NO		NAME	FROM	TO	TIME	CATEGORY (2)	CATEGORY (3)
CALLOUTS		FOR	03-31-2004			QTR ASGN	WRK ASGN
39971-054		ABOU-ARRAG		EDU AGRICO	0830	C01-124U	ORD C A
				HOSP PPD	0830	C01-124U	ORD C A
42080-054		ABREU		HOSP PPD	0830	B03-119U	RELIGION
34329-079		AJAO		HOS LAB	0600	A01-109L	I LAYUP 1
				MAIL ROOM	1130	A01-109L	I LAYUP 1
42968-060		ALCALA		CHAPEL	1230	A02-209L	ORD A A
17709-112		ALFARO-FRA		CHAPEL	0930	B02-215L	TRASH
69042-053		ALJAHMI		CAMP TEAM	1400	E04-117U	CMP PP EVE
06523-043		ALLEN		HOSP PPD	0930	D04-221L	DIN RM PM
40428-053		ALLEN		HOS PE	0830	C01-104L	I LAYUP 2
25094-077		AMOIA		HOSP PPD	0830	C02-219U	CMS ELEC1
51080-066		ANDREWS		VISIT ROOM	1030	F03-106L	CMP ORD F
15231-045		ARMANN		DR. BEAM	0930	C02-203L	EDUC
06701-046		ASTORE		DR. BEAM	1230	B02-208L	I MILL 1
				HOS EYE	0830	B02-208L	I MILL 1
20926-424		BAILEY		VISIT ROOM	1030	E03-110U	CMP GM3
							DAPAMEM
19613-039		BAKER		HOS EYE	0830	A01-132U	ORD A A
25589-053		BALLETTA		HOSP RN	1230	B02-222L	I QA IND
05890-068		BARRON		BA TEAM	1250	B02-241L	A&O
				CHAPEL	0930	B02-241L	A&O
10306-067		BASYE		CHAPEL	0930	C04-227L	LAUNDRY
37139-060		BATTLE		CHAPEL	0930	A01-104U	ORD A A
10214-052		BEECHAM		CB TEAM	1230	C03-131L	A&O
				HOS LAB	0730	C03-131L	A&O
09866-040		BELCHER		HOSP PPD	0930	A01-110U	CMS ELEC1
11483-040		BETTS		VISIT ROOM	1030	F03-113U	CMP FD SVC
03198-087		BLACKBURN		VISIT ROOM	1030	E02-101U	CMP ADMIN
							DAPAMEM
10174-052		BLACKWOOD		BB TEAM	1230	B04-226U	ORD B B
41715-060		BLALARK		CHAPEL	1230	A03-123L	I QA IND
10417-055		BOOZE		CHAPEL	0930	D03-105L	CMS ELEC2
10082-041		BORGES-CAN		HOS LAB	0600	B02-201U	CMS PAINT
12629-007		BOWEN		CHAPEL	0930	D04-231U	CMSLANDIN2
43113-060		BOYD		CHAPEL	1230	B04-236L	EDUC
32583-007		BRAGG		HOS PE	0930	A04-238L	A&O

G0002 MORE PAGES TO FOLLOW

MCK15
PAGE 001

MCKEAN FCI

04-28-2004
14:20:01

UNTG EQ 3***

REG NO	NAME	FROM	TO	TIME	CATEGORY (2)	CATEGORY (3)
CALLOUTS	FOR	04-29-2004			QTR ASGN	WRK ASGN
03391-061	ADDISON		AA CASE MG	1100	A02-219U	REC
06772-089	AGUILERA-T		AA TEAM	1230	A02-243U	UNASSG
54315-066	AIKENS		AB COUNSLR	1430	A04-204U	WIND WASH
03251-087	ALEXANDER		CHAPEL	1330	D04-232U	REC
07839-007	ATKINSON		HOS PE	0930	A01-131U	A&O
19613-039	BAKER		EDU NICHOL	0830	A01-115L	ORD A A
05890-068	BARRON		HOS LAB	0930	B02-241L	REC
08047-055	BENZIN		DB CASE MG	0700	D04-236L	KITCHEN PM
41715-060	BLALARK		DR. BEAM	0930	A03-123L	I QA IND
			HOSPRN	0930	A03-123L	I QA IND
38181-060	BLANCO		DR. OLSON	0930	C03-126U	ORD C B
21534-039	BROWN		CHAPEL	1330	C03-118LH	RELIGION
33911-007	BROWN		HOS PE	0730	C03-130U	A&O
98316-024	BURROWS		DR. BEAM	0930	C04-231L	I UNICOR 2
						ORD C B
11419-112	BUSTAMANTE		AA TEAM	1230	A02-238U	A&O
			HOS PE	0930	A02-238U	A&O
			PSYCH (H)	0830	A02-238U	A&O
06437-088	BUTLER		HOSPDENT2	0830	B02-209L	ORD B A
57044-066	CERAOLO		DR. BEAM	0930	C01-133U	UNASSG
38688-054	CHEN		DENT CLEAN	1230	A02-210L	I UNICOR 2
09352-067	CLARK		EDU NICHOL	0830	A04-203L	ORD A B
04938-089	COLLINS		DR. BEAM	0930	A02-213L	I LAYUP 1
08693-055	COSTANZO		HOS PE	1030	C01-129U	UNASSG
15278-014	COSTON		HOS PE	1030	C02-236U	A&O
24717-016	COULTER		HOS PE	0730	A01-101U	A&O
12365-007	CRUZ		AA TEAM	1230	A01-121L	UNASSG
11324-045	CURRY		DENT CLEAN	1130	B01-125U	I UNICOR 2
19575-083	CURTIS		HOS PE	0730	D01-122L	A&O
40427-053	DAVIS		DENT CLEAN	1030	C01-106L	I FACTRYOF
53250-060	DAVIS		HOS PE	0930	D03-131U	A&O
19989-039	EADDY		CHAPEL	1330	B02-218L	ORD B A
11252-040	ESCOBAR II		EDU NICHOL	0830	D01-121U	REC
03737-089	EVANS		AA CASE MG	1100	A01-113L	ORD A A
14114-006	FAULKNER		BB COUNSLR	1330	B02-226L	I QA IND
23182-039	FEATHERSTO		CHAPEL	1330	B02-237U	DIN RM PM

G0002 MORE PAGES TO FOLLOW . . .

MCK15	*	MCKEAN FCI	*	06-03-2004
PAGE 001				14:01:15
*****	*	*****	*****	*****
*	*	*	*	*
*	*	*	*	*
*	*****	*	*	*
*****	*	*****	*****	*****

UNTG EQ 3***						
REG NO CALLOUTS	NAME FOR 06-04-2004	FROM	TO	TIME	CATEGORY (2) QTR ASGN	CATEGORY (3) WRK ASGN
38964-060	ADKINS	PSYCH (W)	1330	C04-241U	A&O	
03722-082	AGUIAR	HOSP DENT2	1030	B01-102U	REC	
12393-424	AL-SADUN	JUMAH	1230	B03-118LH	DIN RM PM	
03251-087	ALEXANDER	CHAPEL	1230	D04-232U	REC	
06862-068	ALLEN	MAIL ROOM	1115	A01-121L	ORD A A	
09798-039	ALLEN	CHAPEL	1830	C01-125L	I LAYUP 2	
58207-053	ALLEN	R & D	0930	B02-245L	ORD B A	
24949-038	AQUINO	HOS PE	1030	B04-907U	A&O	
39107-060	ARRINGTON	PSYCH	1430	A04-245L	CMS CARPSH	
44161-054	BAERGA	DR. OLSÖN	0930	D02-206L	CARP VT	
					I LAYUP 2	
30377-019	BAILEY	HOSP PA	0730	B02-216U	MED UNASSG	
19613-039	BAKER	DR. BEAM	1330	A01-115L	ORD A A	
28131-039	BAKER	PSYCH	1430	Z03-204UAD	UNASSG	
04832-045	BLACKMAN	DR. BEAM	1130	A04-230U	REC	
11622-052	BLAKELY	R & D	0700	D02-237U	DIN RM PM	
33691-007	BLOUNT	JUMAH	1230	D03-126U	EDUC	
41002-054	BONILLA	PSYCH (H)	0930	D04-244L	A&O	
07592-068	BOOKER	PSYCH (H)	0830	A04-246U	A&O	
02039-030	BOOS	DR. BEAM	1130	D01-111U	ORD D A	
10417-055	BOOZE	JUMAH	1230	D03-105L	CMS ELEC2	
19257-039	BREEDLOVE	JUMAH	1230	C02-242L	UNASSG	
16735-039	BROWN	CHAPEL	1730	A03-123U	I UNICOR 2	
21534-039	BROWN	CHAPEL	1230	C03-118LH	WIND WASH	
35272-060	BROWN	JUMAH	1230	D02-224L	ORD D A	
08760-084	BUCHANAN	JUMAH	1230	B04-222L	ORD BB (PM)	
30057-039	BURCH	JUMAH	1230	B01-105U	EDUC	
10813-068	CARAVAGLIA	JUMAH	1230	C01-116U	CMS ELEC2	
17760-056	CARRINGTON	HOSP DENT2	0730	Z07-211LAD	SHU UNASSG	
54265-060	CARTER	PSYCH (W)	1330	C04-240U	A&O	
59929-198	CASTRO-GAR	HOSP DENT	0830	C03-114U	ORD C B	
04201-087	CHAVERS	JUMAH	1230	A02-236L	DIN RM PM	
07928-078	CHERRY	PSYCH	1430	A04-248L	ORD A B	
09352-067	CLARK	JUMAH	1230	A04-203L	ORD A B	
14405-424	CLARK	JUMAH	1230	A02-223U	ORD A A	
11130-067	COACH	JUMAH	1230	C04-203U	REC	

G0002 MORE PAGES TO FOLLOW . . .

(EXHIBIT 7)

SENECA  SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

May 3, 2004

Dr. Nicholas Stathopoulos
 Seneca Eye Surgeons, Inc.
 2 Main Street
 Bradford, PA 16701

RE: BAKER, DARRYL O.



19613-039

Dear Dr. Stathopoulos:

I saw Mr. Baker, your 41 year old who was struck in his left eye approximately two months ago. He is complaining at this point in time that his acuity although it has returned to normal he does get a feeling of double when he looks to the right. He also has a sensation of a foreign body in it.

On examination at this time, his acuity is 20/20 OU. There is definitely no proptosis and there is no enophthalmos. He does get diplopia. It is worse especially when he looks to the right and upwards. He does not get this looking straight ahead or down. So, he is really quite functional. I watched him walk around and he does not have to close the eye to walk.

He had a small calcium deposit in his meibomian gland in his lower lid. I removed it with tweezers. On examination of the retina he has no evidence of papilledema or compromise of any of the other structures.

I went over the CT scan. That is a very pretty picture of a floor fracture. At this point in time in the absence of diplopia in a straight ahead gaze, I still think that six more weeks of time is the answer. If at three months he definitely still has diplopia and it is causing him some serious problems it should be repaired. He still may completely clear. Fortunately despite the nastiness of this injury he sustained no obvious damage to his human lens, the anterior chamber angle or the retina.

Yours truly,


 Robert J. Weiss, M.D.

Cc: Dr. Beam

RJW/lab
 103 West St. Clair Street
 Warren, PA 16365
 (814)726-2020
 1-877-MD4-EYES
 Fax (814)726-1215

27 Porter Avenue
 Jamestown, NY 14701
 (716)483-2020
 1-866-716-EYES
 Fax (716)488-9295

COPY

Reviewed by D. Olson, MD
 Date: 5/5/04

2 Main Street
 Bradford, PA 16701
 (814)362-7477
 1-866-814-EYES
 Fax (814)362-4975

SENeca  SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

June 11, 2004

19613-039

Dennis Olson, M.D.
FCI McKean
P.O. Box 5000
Bradford, PA 16701

RE: BAKER, DARRYL

Dear Dr. Olson:

As you know we have been following Mr. Baker's clinical diplopia related to a punch that gave him a blow out fracture. He also has a little bit of anesthesia involving the infraorbital nerve branches. We have given it plenty of time now, almost five months. He still has entrapment; he can not look up with his left eye without experiencing a form of diplopia that gives him extreme imbalance. He does not think that he can function this way.

His acuity is 20/20 in both eyes when he wears his glasses. My advice at this point is to do a repair of blowout fracture, release the entrapment under general anesthesia. I will leave the final decision up to you.

Yours truly,

Robert J. Weiss, M.D.

Robert J. Weiss, M.D.

p.s. The patient understand that one of the side effects of doing the operation when he does not have diplopia in down gaze, only up gaze, would be that he might develop diplopia in down gaze. There is no way that I can promise him that that couldn't happen.

RJW/lab

H. Beam, MD
FCI MCKEAN
07/16/01

103 West St. Clair Street
Warren, PA 16365
(814)726-2020
1-877-MD4-EYES
Fax (814)726-1215

27 Porter Avenue
Jamestown, NY 14701
(716)483-2020
1-866-716-EYES
Fax (716)488-9295

2 Main Street
Bradford, PA 16701
(814)362-7477
1-866-814-EYES
Fax (814)362-4975



Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

April 16, 2004

#19613-039

Dr. H. Beam
 Health Center
 FCI McKean
 PO Box 5000
 Bradford, PA 16701

Re: Darryl O. Baker
 DOB: 6/30/1962
 DX: Orbital Floor Fracture w/Entrapment
 DATE OF EVAL: 4/15/04

Mr. Baker was seen April 15th. He had been struck in the left eye February 27th with a fist. He was complaining of blurred vision in both eyes. He does note that he gets double vision when he looks up. This is especially noticeable when he is weight lifting and doing, I believe, bent over rows and is looking straight ahead with his head tilted down.

His vision was 20/100 in the right eye and 20/200 on the left. This was easily correctable to 20/20 in either eye with an eyeglass prescription. The eyes were well aligned straight ahead. However, with up gaze the left eye did not elevate or look as far up as the right eye. I did not see any signs that the left eye was protruding further out or recessed into the eye more so than the right. The retina was normal.

The reports of the CT did suggest that there was some scarring of the floor of the orbit with possible adhesions to the inferior rectus muscle. Typically, in ophthalmology even with a fracture of the orbital floor, we like to wait at least two weeks to see that it heals on its own and the muscle entrapment is resolved. He is about six to eight weeks out and complaining of symptoms. Because he is well aligned at near, I think it would be better to take a conservative approach as the scarring is adherent to the muscle. However, it may be worthwhile to get a secondary opinion from an orbital plastic specialist who deals with these on a regular basis.

Thank you for allowing me to participate in Darryl's care. If you do not pursue an orbital evaluation, have him see me again in another three months.

Best regards,

N. Stathopoulos, MD

Nicholas A. Stathopoulos, M.D.

NAS/js

Cc Darryl C. Baker

103 West St. Clair Street
 Warren, PA 16365
 (814)726-2020
 1-877-MD4-EYES
 Fax (814)726-1215

27 Porter Avenue
 Jamestown, NY 14701
 (716)483-2020
 1-866-716-EYES
 Fax (716)488-9295

2 Main Street
 Bradford, PA 16701
 (814)362-7477
 1-866-814-EYES
 Fax (814)362-4975

REVIEWED BY

H. Beam
 4/21/04

H. BEAM, MD
FCI MCKEAN

(EXHIBIT 8)

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER, DARRYL	REGISTER NO.: 19613-039
DEPARTMENT: ORDERLY	UNIT: AA <i>STH AR</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, THIS IS A SICK CALL REQUEST IN REFERENCE TO A INJURY FROM AN

ASSULT I RECEIVED TO MY EYE ON FEBRUARY 27, 2004. DOCTOR BEAM, MY EYE HAS

NOT FULLY RECOVERED AND I NEED MEDICAL ATTENTION. DOCTOR BEAM, WOULD YOU

PLEASE SET AN APPOINTMENT WHERE I CAN COME IN AND HAVE MY EYE EXAMINE.

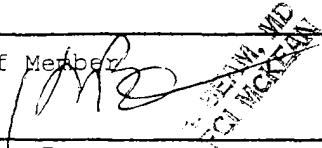
THANK YOU.

(Do not write below this line)

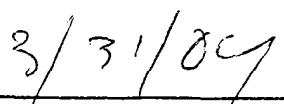
DISPOSITION:

You were seen by Dr Howard 3/3/04
 I will have you called on 4/1/04
 for discussion of what needs
 to be done

Signature Staff Member


 A handwritten signature in black ink, appearing to read "J.W. MCKEEAN".

Date


 A handwritten date in black ink, appearing to read "3/31/04".

Record Copy - File; Copy - Inmate
 (This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
 and BP-S148.070 APR 94

BP-S148.056 INMATE REQUEST TO STAFF CDFRM

SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER <i>DARREL</i>	REGISTER NO.: 19613-039
DEPT/DEPARTMENT: ORDERLY	UNIT: <i>AA SHG AS</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I HAVE BEEN REQUESTING MEDICAL ATTENTION TO BLEEDING

AND PAIN TO THE SURFACE OF MY HEAD AND YOU GAVE ME MEDICATION THAT IS

INEFFECTIVE. DOCTOR BEAM, I NEED SOME MEDICATION TO ALLIVIATE THIS PAIN
I HAVE BEEN SUFFERING.

THANK YOU.

(Do not write below this line)

DISPOSITION:

I refilled the medication

Signature Staff Member

MC BEAM, M.D.

Date

3/31/04

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM., M.D.	DATE: APRIL 28, 2004
FROM: INMATE BAKER	REGISTER NO.: # 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: AA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

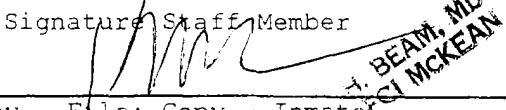
DOCTOR BEAM, I HAD A CALL-OUT ON APRIL 28, 2004, AND MEDICAL STAFF SAID YOU CALLED IN SICK. DOCTOR BEAM, I WAS THE RECIPIENT OF DOCTOR STATHOPOULOS, M.D. MEDICAL REPORT WHEN I SAW HIM ON APRIL 15, 2004, AND HE INDICATED THAT I HAD SOME SCARRING OF THE FLOOR OF THE ORBIT WITH POSSIBLE ADHESIONS TO THE INFERIOR RECTUS MUSCLE. HE STATED THAT OPHTHALMOLOGIST LIKED TO WAIT TWO (2) WEEKS TO SEE IF IT WOULD HEAL ON ITS OWN OR SEE IF THE MUSCLE ENTRAPMENT IS RESOLVED. HE ALSO STATED THAT I WAS SIX (6) TO EIGHT (8) WEEKS OUT AND THAT I SHOULD GET A SECOND OPINION FROM AN ORBITAL PLASTIC SPECIALIST. DOCTOR BEAM I AM STILL HAVING EXCRUCIATING PAIN IN MY UPPER LEFT EYE AND I STILL SEE DOUBLE WHEN I LOOK UP, AND MY LEFT EYE DOES ELEVATE OR LOOK AS FAR UP AS THE RIGHT EYE.

(Do not write below this line)

DISPOSITION:

The Apr 28 appt was to
keep you abreast of developments.
We're on top of things Sir. You will
get the care you need.

Signature Staff Member



DR. BEAM, M.D.
CL MCKEAN

Date

4/29/04

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

